

MAGNETIC MEDIA - TRANSMITTAL SHEET

QUARTERLY WAGE AND WITHHOLDING INFORMATION

Complete Parts I, II, III and IV of form. Do not complete a DE 6, Quarterly Wage and Withholding Report, unless additional quarterly wages are being reported. Questions regarding quarterly reporting may be directed to (916) 654-8470. Mail completed transmittal and labeled media to:

Magnetic Media Production Unit, MIC 15
Employment Development Department
P.O. Box 826204
Sacramento, CA 94230-6204

Note: If using land carrier, i.e., UPS or Federal Express, use:
800 Capitol Mall, MIC 15
Sacramento, CA 95814

PART I - TRANSMITTER / CONTACT INFORMATION
TRANSMITTAL DATE: _____

TRANSMITTING FIRM NAME AND ADDRESS 	PLEASE ENTER REPORTING PERIOD. DE 6 - QUARTER _____ YEAR _____ NUMBER OF FIRMS REPORTED ON FILE: _____
ENTER ADDRESS TO WHICH FILE SHOULD BE RETURNED* <input type="checkbox"/> CHECK FOR CHANGE OF ADDRESS *NOTE: Diskettes not returned unless requested.	NAME, ADDRESS AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR TECHNICAL INFORMATION REGARDING FILE. ()

PART II - FIRM(S) BEING REPORTED

(Attach additional sheets if needed. Computer printouts of the required data may also be attached.)

EMPLOYER NAME (FIRM #1)			EMPLOYER NAME (FIRM #2)		
STATE ID NUMBER	BRANCH	FEDERAL ID NUMBER	STATE ID NUMBER	BRANCH	FEDERAL ID NUMBER
TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$			TOTAL SUBJECT WAGES REPORTED ON MEDIA FILE \$		
TOTAL PIT WAGES REPORTED ON MEDIA FILE \$			TOTAL PIT WAGES REPORTED ON MEDIA FILE \$		
TOTAL PIT WITHHELD ON MEDIA FILE \$			TOTAL PIT WITHHELD ON MEDIA FILE \$		
TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE #			TOTAL NUMBER OF EMPLOYEES REPORTED ON MEDIA FILE #		
TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$			TOTAL SUBJECT WAGES REPORTED ON PAPER (IF ANY) \$		

PART III - MAGNETIC MEDIA FILE INFORMATION

TAPE <input type="checkbox"/> 9 TRACK TAPES <input type="checkbox"/> IBM 3480 TAPE CARTRIDGES <input type="checkbox"/> IBM 3490 TAPE CARTRIDGES	LIST ANY EXTERNAL TAPE/CARTRIDGE FILE IDENTIFICATION NUMBERS _____ _____ _____	DISKETTE <input type="checkbox"/> 8" <input type="checkbox"/> 5¼" <input type="checkbox"/> 3½"
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PART IV - DECLARATION

I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature _____ Title _____ Phone () _____ Date _____